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Abertawe Bro Morgannwg
University Health Board

Nurse Led Discharge

Specialty: Gynaecology Services
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Nurse Led Discharge (NLD)

Improving hospital discharges remains at the centre of the government's drive to improve standards and cut waiting times. It is also a National Target to reduce the average length of stay of patients and directorates are required to meet these Annual Operating Framework targets.

Nurse facilitated discharge has been identified by the Department of Health (DoH) as key to shaping the future of nursing ('Making a Difference', 1999, NHS Plan 2000).

Approximately 80% of patients discharged from hospital can be classified as simple discharges.

In 2000, the Chief Nursing Officer for Wales identified ten key roles for nurses. One of these enhanced roles was 'Admitting and discharging patients within Health Board protocols'. The Department of Health (DoH) (2004) recommended that senior nurses should be empowered to facilitate the discharge of patients.

The development of new nursing roles together with medical advances has played a large part in nurse led discharge. Policy documents have reflected these changes by placing more emphasis on specific areas of discharge practice and, in particular, on nurses' contribution to these areas (DoH, 2003a). Nurses are required to step outside of their traditional role in hospitals, to integrate professional practices and organizational systems and guide the patients' discharge (DoH, 2002).

A guidance document entitled 'The Freedom to Practice' included mechanisms to facilitate nurse leadership in the discharge process and gave nurses tangible support in taking on a leadership role in discharging patients within everyday clinical practice (RCN & DoH, 2003).

The introduction of a toolkit 'Achieving timely 'simple' discharge from hospital' (DoH, 2004) embraced the nurses' role in discharge. It emphasizes that by changing the way in which discharge occurs we can have a major impact on patient flow and effective use of bed capacity.

Nurse led discharge is reported as a process that involves nurses assessing the patient, liaising with the multi-disciplinary team and planning timely discharge based on an agreed clinical management plan (L. Lees, 2004)
All patients suitable for nurse-led discharge need to be identified by their doctor and the criteria that must be met prior to going home written clearly in their notes.

The NMC (July, 2009) state: 'Good record keeping is an integral part of nursing and midwifery practice, and is essential to the provision of safe and effective care.' Nurses should document on how decisions related to patient care were made on the Nurse Led Discharge proforma set out by the Health Board. This helps to improve accountability.

Purpose

The purpose of this document is to provide a pathway for the appropriate level of nurse, to facilitate (as part of the Multidisciplinary Team) patient discharge effectively, timely and safely across the Gynaecology Unit in the Health Board.

The Aim of NLD

- To ensure a timelier, effective discharge process improving discharge planning and reducing delays in the discharge process.
- To Facilitate discharge earlier in the day
- To avoid patients waiting unnecessarily for the next Consultant round to be deemed fit for discharge.
- To enable nurses' to develop confidence and maximize the use of their skills and knowledge.
- To ensure practice is safe and does not put the patient at risk.

Why NLD

- Nurses work with patients 24 hours a day and can identify when someone has reached a stage when they are well enough to leave hospital through experience and clinical judgement against prescribed criteria.
- It has been recognized that many patients have to wait until late in the day for Doctors rounds and these may be very junior doctors with varying experience.
- Many patients are reviewed on weekends by the 'On-call' team who will be busy covering other areas
- NLD is beneficial to patient care as it will allow for continuity of care, reduce delayed discharge and increase patient satisfaction
- Nurses presently guide the medical staff with the decision to discharge
- With clear protocols, training and assessment NLD is achievable
- Nurses recognise the responsibility, accountability and challenges underpinning the extended role
- The Royal College of Nursing actively supports nurses' involvement in the process (RCN, 2000).

How will it be implemented?

- Consultants will decide what operative procedures will be suitable for NLD
- For each surgical condition suitable for NLD, a teaching session will be given to staff including post operative management & potential complications when at home
- Each nurse will then need to complete competencies.

Qualification necessary for staff to undertake the Clinical Role

Nursing staff are required to be Registered General Nurses. With one years WTE post registration experience in gynaecology nursing They will also be required to undertake a training session in the use/application of the nurse-led discharge pathway. This will ensure the required experience necessary to undertake safe nurse-led discharge.

Process

- The patient will be assessed by the medical staff for suitability for nurse-led discharge. This can happen at any point in the patient treatment episode but consideration for inclusion can be highlighted at pre-admission clinic, post-operatively in theatre recovery and on each post take ward round.
- When the patient has been assessed as suitable for nurse-led discharge the doctor will complete a nurse-led discharge pro-forma which will be placed on the operation note or documented clearly in the patient notes. This will be signed and dated by the doctor and the expected date of patient discharge completed.
- A registered nurse of appropriate grade and training will assess the patient on the due discharge date using the nurse-led discharge criteria.
- The patient assessment on all the discharge criteria should take place in one assessment period. The time and outcome of the assessment should be documented on the nurse-led discharge pathway.

If any part of the assessment falls outside the criteria as detailed in the Nurse-Led Discharge Guidelines then the patient cannot be discharged at that point and should be re-assessed at a later time.

Using professional judgment, the nurse should decide when to reassess the patient for discharge. Again, the time and the outcome of this assessment should be documented on the pro-forma. If the assessment is satisfactory and the other discharge criteria on the pro-forma have been satisfied then the patient can be discharged from the hospital by a nurse.

If the second assessment is still unsatisfactory or the first assessment gives the nurse cause for concern then the patient should be referred back to the medical staff and the reasons documented on the nurse-led discharge pro-forma comments sheet.

Nurses Led discharge should *not*:

- Decide a patient is fit for discharge without consulting the relevant professional involved in the patient's care
- Wait for the doctor to make decisions about discharge when the nurse has had the relevant training/knowledge to make those decisions

- Discharge a patient according to different rules depending who is in charge of the ward and/or on duty
- Discharge patients without preparing them adequately, when there are bed capacity issues.

Nurses facilitating discharge *should*:

- Initiate and lead the discharge process with the involvement of all relevant professionals to expedite discharges, and assist bed capacity within the gynaecology ward.
- Carry out regular and ongoing patient assessments/evaluations to assist timely and appropriate discharges
- Progress-chase the results of investigations that require the nurse's decision to expedite discharge.
- Engage the multidisciplinary team at appropriate points in the patient care.
- Follow up the patient and review progress according to the discharge plan.
- Act as the patient's advocate.

Adapted from Lees (2004)

Reference:

Department of Health (1999) *Making a Difference: strengthening the nursing midwifery and health visiting contribution to health and healthcare*. London: The stationery Office

Department of Health (2002) *Health and Social Joint Unit and Change Agent Team, Discharge from Hospital: a good practice checklist*. London: The Stationery Office

Department of Health (2003a) *Effectiveness of inpatient discharge procedure*. London: The Stationery Office

Department of Health (2004) *Achieving timely discharge from hospital: A toolkit for the multidisciplinary team*. London: The Stationery Office

DoH Health & Social Care Joint Unit and Change Agents Team (2003) *Discharge from hospital: pathway, process and practice*.

Lees, L. (2004) Making nurse led discharge work to improve patient care. *Nursing Times*, 100,37: pp. 30-32. www.nursingtimes.net

NAFWC 17/2005 - Hospital discharge planning guidance

NMC (2010) *Guidance on Record keeping for Nurses & Midwives*.

Royal College of nursing (2000) *turning talk into action: local needs, local solutions. Resource pack for Nurses*. London: RCN

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Criteria for Nurse Led Discharge

The pre-assessment nurse will advise patients of the Nurse Led Discharge at the pre-admission clinic.

Patients who have undergone the following operative procedures should be eligible for Nurse Led Discharge.

- Vaginal hysterectomy
- repair operations
- Abdominal hysterectomy/Bilateral salpingo-oophrectomy
- Simple vulval surgery
- Laparoscopic surgery
- Hysteroscopic surgery
- M.T.O.P/S.T.O.P/E.R.P.C

Nurse Led Discharge may only be undertaken by experienced gynaecology nurses working a minimum of one year in gynaecology, in addition to relevant competencies. If no applies on the check list, then please refer to trigger list.

If in doubt, patient to be reviewed by a medical practitioner.

Exclusions

- Emergency admissions
- Ectopic pregnancies
- NO gynae – oncology patients
- Routine patients with additional medical problems

If the Nurse has any doubt about the safety of the discharge, do not discharge without seeking further medical advice

Directorate of Women & Child Health.

Nurse Led Discharge check list for gynaecology patients

If NO applies please refer to trigger list over leaf

	Yes	No	N/A	Comments/signature
Surgeon has agreed patient is eligible for Nurse Led Discharge & spoken with patient post-op				
The patient has undergone a period of observation				
Pain acceptable for patient(use pain score on MEWS/PAR chart)				
The patient is free of nausea and vomiting				
The patient is passing urine normally				
The patient is mobile without feeling faint				
Food and drink have been taken with no problems				
The operation/procedure site is clean and dry				
Vaginal bleeding is minimal				
The patient has a discharge letter				
IV cannulae has been removed				
Patient advice and instructions have been given and understood				
Medication has been given with appropriate instructions				
The patient has an outpatient appointment/appointment will be posted (delete as appropriate)				
The patient has transport and an escort home and will not be driving				
The patient has care at home for a 24 hour period following the procedure				
Patients telephone number confirmed and gynaecology ward number given				

Discharged to home/other (please state)_____

Discharge nurses signature _____ Date _____

If these criteria are not met see trigger list for required action

Trigger list

Trigger list	Action to be taken
Surgeon has not agreed patient is eligible for nurse Led Discharge & spoken with patient post-op	exclude from pathway
observations unstable for 2 hours post operative	review by Doctor & advise to stay overnight
Pain unacceptable for patient(use pain score on PAR/MEWS chart) above moderate pain	Try alternative analgesia & re-assess in 1 hour. Ask Doctor to review if not effective
The patient has nausea and vomiting	Try anti-emetic or alternative & re-assess in 1 hour. Ask Doctor to review if not effective
The patient has not passed urine normally	Bladder scan- depending on residual, follow current protocol
The patient feels faint on mobilizing	Reassess manual handling risk assessment form
The operation/procedure site is clean and dry	Reassess in 1 hour
Vaginal bleeding is excessive	Reassess in 1 hour, if minimal discharge home. If remains heavy review by Doctor & advise to stay overnight
The patient has no transport and no escort home and will be driving	Ask patient to arrange transport & ensure someone at home

Discharged to home/other (please state)_____

Discharge nurses signature_____Date_____

If not discharged by nurse please indicate why overleaf

If not discharged by nurse please indicate why

Any adverse incident to patient whilst on ward?

If yes, complete on line incident report and document in notes including incident number

NURSE LED DISCHARGE COMPETENCIES

Nurse Led Discharge aims to empower the Nurse to facilitate early decision-making in the safe discharge of patients. The Nurse is able to discharge a patient whom a Consultant has designated as medically fit if certain criteria are fulfilled.

Knowledge & skills/further training to undertake this role:

- Nurses undertaking this role must have a minimum of 1 year's experience
- Completed all competencies as set below in relation to Nurse Led Discharge
- Understands accountability and responsibilities within the scope of the role of Nurse Led Discharge
- Familiar with the relevant documentation and pro-forma's used in Nurse Led Discharge

Nurse Led Discharge (NLD)

Competency 1. Understands the Accountability & Responsibility of NLD

	Date discussed	Signature of Assessor
Discuss the responsibility of the Nurse Led Discharger		
Discuss the accountability of the role of the NLD (NMC The Code 2010)		

Competency 2. Can apply the principles of effective & accurate documentation

	Date discussed	Signature of Assessor
Read & discuss NMC guidelines for record keeping (NMC Record Keeping 2009)		
Familiar with proforma used in NLD		

Competency 3. Demonstrate effective discharge planning

	Date discussed	Date achieved	Signature of Nurse	Signature of assessor
Effectively use the checklist to safely discharge patients				
Identify if patient does not meet discharge criteria (refer to trigger list)				

NURSE LED DISCHARGE COMPETENCIES

This is to verify that

Name: _____

Clinical area: _____

Has completed all competencies for Nurse Led Discharge and can now undertake the role of Nurse led discharger but must only discharge patients within their own area of specialty.

Lead Nurse Signature: _____ **Date:** _____

Nurse Signature: _____ **Date:** _____